

<h2 style="margin: 0;">TRANSMITTAL FORM</h2> <p style="font-size: small; margin: 5px 0;">(to be used for all correspondence after initial filing)</p>	<b>Application Number</b>	10/579,253
	<b>Filing Date</b>	October 28, 2004 (Int'l)
	<b>First Named Inventor</b>	Tobias WUNBERG
	<b>Art Unit</b>	1624
	<b>Examiner Name</b>	T. Truong
	<b>Attorney Docket Number</b>	584212009400
<b>Total Number of Pages in This Submission</b>		13

ENCLOSURES (Check all that apply)				
<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Supplemental Application Data Sheet (2 pages)  Request for updated Bibliographic information (10 pages)		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><b>Remarks</b></td> <td>CUSTOMER NO.: 25225</td> </tr> </table>			<b>Remarks</b>	CUSTOMER NO.: 25225
<b>Remarks</b>	CUSTOMER NO.: 25225			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
<b>Firm Name</b>	MORRISON & FOERSTER LLP		
<b>Signature</b>	/Peng Chen/		
<b>Printed name</b>	Peng Chen		
<b>Date</b>	March 3, 2011	<b>Reg. No.</b>	43,543